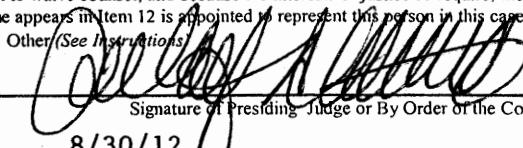


1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED Ronald L. Ehrman		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 12-9152		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) United States v. Ronald L. Ehrman		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> Possession of CDS 50 CFR 27.82					
12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Peter A. Fico, Esq. 40 Main Street - 2nd Floor Millburn, New Jersey 07041 Telephone Number: <u>(973) 376-6050</u>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Appointment Dates: _____		
14. NAME AND MAILING ADDRESS OF LAW FIRM (<i>Only provide per instructions</i>)			15. Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. SIGNATURE OF PRESIDING JUDGE OR BY ORDER OF THE COURT  8/30/12			17. FOR COURT USE ONLY		
18. CLAIM FOR SERVICES AND EXPENSES CATEGORIES (<i>Attach itemization of services with dates</i>)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
19. In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (<i>Specify on additional sheets</i>)					
(RATE PER HOUR = \$) TOTALS:					
20. Out of Court a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (<i>Specify on additional sheets</i>)					
(RATE PER HOUR = \$) TOTALS:					
21. Grand Totals (Claimed and Adjusted)					
22. FROM: _____ TO: _____			23. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		24. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION
Signature of Attorney _____			Date _____		25. CASE DISPOSITION
26. APPROVED FOR PAYMENT - COURT USE ONLY					
27. IN COURT COMP.		28. OUT OF COURT COMP.	29. TRAVEL EXPENSES	30. OTHER EXPENSES	31. TOTAL AMT. APPR./CERT.
32. SIGNATURE OF THE PRESIDING JUDGE			DATE		33. JUDGE CODE
34. IN COURT COMP.		35. OUT OF COURT COMP.	36. TRAVEL EXPENSES	37. OTHER EXPENSES	38. TOTAL AMT. APPROVED
39. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				40. DATE	
				41. JUDGE CODE	